



NHDAMF - BUREAU OF WEIGHTS AND MEASURES
25 CAPITOL STREET
PO BOX 2042
CONCORD NH 03302-2042

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APPLICATION FOR **RENEWAL** OF WEIGHMASTER LICENSE

INSTRUCTIONS

(Read carefully before filling out this form)

1. In accordance with PART Agr 1403, Licensing of Weighmasters, this application **shall be complete and accurate** as to all information requested for an individual to obtain a license to operate as a weighmaster in the State of New Hampshire.
2. Application fee of **\$96.00** shall accompany this application form. Checks or money orders are to be made payable to **Treasurer State of New Hampshire**, and mailed to :**NH Dept. of Agriculture, Markets and Food, Bureau of Weights and Measures, PO Box 2042, Concord , NH 03302-2042.**
3. Applicant **Must Obtain** a current copy of the departments weights and measures rules if the control number does not begin with 2002 or 2003. An order form is enclosed for the purpose of obtaining a copy of the rules and must accompany this application.
4. Applications shall be signed by the person applying for a license.

FOR OFFICE USE ONLY

Date Received _____ Check No.: _____ Fee: _____
Date App. Sent 11-27-03 ExpDate: 12-31-2005
Disapproved / Reason _____
Exam Date: _____ ExamScore _____
Rule Number: _____

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Date: _____, 200____ Home Telephone #: ____ (____) _____	E-mail address if available: _____
Date of birth: ____/____/____ Drivers Lic.No.: _____ State: _____	Previous Residence or Residences if at current address less than 5 years: _____
Name: _____ (Last) (First) (Middle)	_____
Residence: Street _____	_____
City _____	_____
State _____ (9 Digit) Zip Code _____ - _____ County: _____	If Applicant has held a certificate under another name provide that name: _____
Mailing address if different from above: _____	_____

Present Employer: Company Contact Person: _____ Telephone #: (_____) _____ Fax #: (_____) _____ Toll Free # (_____) _____ E-mail Address if Available: _____ Company Name: _____ Street: _____ City: _____ State: _____ (9 digit) Zip Code: _____ - _____ County: _____ Mailing Address If Different From Above: _____	Type of Weighing Equipment Used Manufacture: _____ Model #: _____ Serial #: _____ Capacity: _____ Type of Indicator: _____ Length of Deck: _____ Date Last Certified: _____ Company Certifying Scale: _____ _____ LOCATION OF SCALE: STREET ADDRESS: _____ TOWN/CITY: _____ COUNTY: _____
Most recent past employer for whom you have worked and held a weighmaster license: Company Name: _____ Street: _____ City: _____ State: _____ (9 digit) Zip Code: _____ - _____	

Pursuant to Agr 1403.03(b)(15) -- Please read, sign and date:

1. AI certify that I have in my possession a current copy of the weighmaster rules, pursuant to Agr 1403.03(d), and that I shall operate in accordance with these rules.@
2. AI certify that there are no willful misrepresentations or falsifications in the information provided within.@
3. AI understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.@
4. Alf, after issuance of my weighmaster license, should an investigation disclose any misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.@

Signature of Applicant

Date